

# Instructional T-ball



## Grades K-1

An Instructional program, played on Saturday morning or Sunday afternoon, designed to teach the fundamental skills of T-ball which leads to baseball (non-competitive). Emphasis will be on fun, learning to hit, run bases, and catch (good sportsmanship). **Volunteer Coaches** are needed, please call 240-777-6961 and leave your name, phone number and location of interest. The T-ball Coaches Meeting is scheduled from Noon until 3:00pm on April 8, 2006 at 4010 Randolph Road, Silver Spring, MD 20902.

The following are meeting times and participants grouping: 9:00am (Kindergarten) and 10:00am (First graders) on Saturdays 12:00noon (Kindergarten) and 1:00pm (First graders) on Sundays. One-hour program for 6 weeks.

Registration deadline March 27, 2006 or until team is full

Start date: Saturday, April 22, 2006 or Sunday, April 23, 2006

The program will be comprised of two one hour practices and four scrimmages \$55.00/county resident, \$65.00/non-resident (includes t-shirt, participation certificate, and Volunteer Coach)

Participants should each bring their own baseball glove.

Number	Location	Days	Time	Number	Location	Days	Time
136613	Darnestown ES	Sat	9:00am-10:00am	136625	Whetstone ES	Sat	9:00am-10:00am
136614	Darnestown ES	Sat	10:00am-11:00am	136626	Whetstone ES	Sat	10:00am-11:00am
136617	Tilden Center	Sun	12:00pm-1:00pm	136627	Aspen Hill Local Park	Sat	9:00am-10:00am
136618	Tilden Center	Sun	1:00pm-2:00pm	136628	Aspen Hill Local Park	Sat	10:00am-11:00am
136615	Flower Valley ES	Sat	9:00am-10:00am	136629	Arylawn Local Park	Sun	12:00noon-1:00pm
136616	Flower Valley ES	Sat	10:00am-11:00am	150858	Arylawn Local Park	Sun	1:00pm-2:00pm
136619	Hoover MS	Sun	12:00noon-1:00pm	136630	Beverly Farm Local Park	Sun	12:00pm-1:00pm
136620	Hoover MS	Sun	1:00pm-2:00pm	136631	Beverly Farm Local Park	Sun	1:00pm-2:00pm
136621	Redland MS	Sat	9:00am-10:00am	136632	Bushey Drive Local Park	Sun	12:00pm-1:00pm
136622	Redland MS	Sat	10:00am-11:00am	136633	Bushey Drive Local Park	Sun	1:00pm-2:00pm
136623	Rock Creek Forest ES	Sat	9:00am-10:00am				
136624	Rock Creek Forest ES	Sat	10:00am-11:00am				

All program locations subject to change pending number of registrations.

Montgomery County  
**RECREATION**  
DEPARTMENT

**For more information about  
Recreation Department programs,  
visit our web site at:  
[www.montgomerycountymd.gov/rec](http://www.montgomerycountymd.gov/rec)**



# Registration Form

☐ Check here if new address/phone/email. **Please print.** This form may be duplicated.

PAYER'S: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

PARTICIPANT'S: Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if under 18 years) Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	Activity Name	Course Number	Location	Start Date	Start Time	Fees*

\*If you are a non-resident, include an additional \$10.00 per participant in the fee for each activity.

☐ Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902.

Total Amount Due: \$

☐ Master Card    ☐ Visa    Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

CARDHOLDER: Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If paying by credit card, you may **fax** your registration form to **240-777-6818**. If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_